



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Frequently Asked Questions for Influenza Support Materials

July 23, 2009

Q: My hospital still has antivirals and influenza support materials distributed from the Mississippi State Department of Health (MSDH) back in the spring. May these materials now be used for general purposes?

A: No. Release of antivirals and influenza support materials from the Strategic National Stockpile (SNS) was pursuant to a Declaration of Public Health Emergency (April 26, 2009) thus permitting use of antiviral treatment courses from stockpiles in response to Swine Influenza A (novel influenza H1N1). Emergency use authorization (EUA) accompanies oseltamivir phosphate, zanamivir, and N95 respirators and provides the scope of authorization for use of these products. The EUAs for these products and information about EUAs may be found at: <http://www.cdc.gov/h1n1flu/eua/>.

Additionally, interim guidance on antiviral recommendations may be found at: <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Q: What is the intended use of the antivirals from the Strategic National Stockpile? May our hospital use these antivirals for prophylaxis for our staff?

A: The EUA for oseltamivir phosphate and zanamivir authorizes their use for both the treatment of ill patients and the prophylaxis of individuals exposed to novel influenza H1N1. The intended use of the antivirals is for the treatment of those individuals with confirmed or suspected novel influenza A H1N1 (swine flu). Again, refer to the CDC guidance for the recommended use of antivirals for treatment and prophylaxis. Treatment prioritization is recommended for:

1. All hospitalized patients with confirmed, probable or suspected novel influenza A H1N1 (swine flu) infection
2. Patients who are at higher risk for seasonal influenza complications (see CDC recommendations for a list of high risk individuals)

Persons with uncomplicated influenza typically do not require treatment, but healthcare providers should use clinical judgment.

The antivirals may be used for prophylaxis of hospital staff and contacts, when appropriate as outlined in the CDC recommendations. CDC recommends post-exposure prophylaxis may be considered in the following individuals:

1. Close contacts at higher risk of complications from influenza

2. Health care personnel with recognized, unprotected contact to a person with novel H1N1 (swine flu) during the person's infectious period

Use of the antivirals for both treatment and prophylaxis is not precluded within the EUA, but consideration needs to be taken in context with interim guidance and information related to potential for development of antiviral resistance. A recent CDC Health Advisory (July 9, 2009) summarized three reports of oseltamivir resistance. The advisory recommended judicious use of the antivirals for treatment and prophylaxis as outlined above.

There are limited safety data regarding long term or frequent use of antiviral agents in healthy adults.

Some historical food for thought: The Department of Health and Human Services began stockpiling antivirals within the Strategic National Stockpile to achieve a target of 81 million treatment courses, enough to provide treatment regimens to roughly 25% of the American population. As such, antiviral drug use strategies for publicly maintained stockpiles were targeted primarily for the treatment of persons with novel influenza illness.

In December 2008, supplemental guidance was released (http://www.pandemicflu.gov/vaccine/antiviral_use.html) ... "not [to] create a requirement; rather, [to] define a prudent strategy for antiviral drug stockpiling and use that can contribute to a more effective pandemic response." While simultaneously supporting use of antivirals in expanded settings of primary and post-exposure prophylaxis (PEP), the work group concluded that public sector stockpiles should be prioritized for treatment because it represents the most efficient use of a limited drug supply, because prophylaxis for some while others are denied treatment would not be perceived as equitable, and because other measures can be implemented to protect workers and reduce the risk of exposure and infection. Furthermore, implementation of recommendations for prophylaxis of healthcare and emergency services workers who have high-risk exposures and for PEP in recommended setting would depend largely on private sector organizations and businesses purchasing and stockpiling antiviral drugs for their employees.

Q: My hospital is signed up as a closed Point-of-Distribution (POD). Will we distribute the antivirals to our staff in our closed POD?

A: No. The purpose of the closed POD is for provision of oral prophylaxis, doxycycline, ciprofloxacin, or amoxicillin (anthrax only), in the event of a biologic terrorism attack OR for administration of novel influenza vaccine, not antivirals. The Centers for Disease Control and Prevention (CDC) is currently hosting conference calls with states to discuss issues related to vaccine manufacture and distribution. As Federal plans are finalized for distribution of vaccine, MSDH will be communicating with local partners about vaccine distribution. No date has been provided to States for Federal vaccine distribution.

Q: Will our hospital receive more antivirals and influenza support material from the Strategic National Stockpile and the Mississippi State Department of Health?

A: Mississippi has received 25% of the antivirals and influenza support materials targeted by the SNS for our state. MSDH has not received any communications from the SNS related to the remainder of antivirals and influenza support materials for our state. Subsequent allocation strategies are being investigated and will necessarily need to include epidemiological data as events proceed into the fall season.